EXHIBIT C

	PROOF OF CLAIM			
Name of Debtor	Case Number			
USA Commercial Motogge Co.	06.	-10725		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filled a proof of claim relating		
Name of Creditor and Address 1132124100113 KAREN PETERSEN TYNDALL TRUST DATED 3/9/94 C/O KAREN PETERSEN TYNDALL TRUSTEE 1012 GREYSTOKE ACRES ST LAS VEGAS NV 89145-8659	0	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTER ONE OF THE DEI If you have airu Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY
4231	400101	Check here replace of this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death] Wages	salaries and compensation (fill out below)	Other claims against services (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #		(not for loan balances)
Mottey loaned Cher (describe briefly)	Unpaid d	compensation for services pe	rromed from	(date) (date)
2 DATE DEBT WAS INCURRED 06/04	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(uate) (uate)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim.		Check this box if you a right of setoff)	our claim is secui	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM	1	Bnef description of		
Check this box if you have an unsecured claim all or part of which is				Other
entitled to pnority		Value of Collateral		1915 59
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any		at time case filed included in
Specify the priority of the claim. Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salanes or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of	or household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)	누	Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u>_</u>	Other Specify applicable para *Amounts are subject to adjust	•	
		with respect to cases commen		date of adjustment
AT TIME CASE FILED		<u>515 59</u> \$		\$ 1,115,915.59
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(pnonty) mized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu running accounts contracts court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the co 8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim.	<i>uments,</i> su agreement documents	ich as promissory notes pure s, and evidence of perfection are voluminous attach a sur	chase orders inv of lien DO NO mmary	orces itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO	n, prevailir corporatio	ig Pacific time, on Novembons, joint ventures, trusts ar	er 13 <u>,</u> 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	BMC Gro Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO UP COME Claims Docketing Cente t Franklin Avenue do CA 90245	r FIL	ED NOV 1 0 2006
DATE SIGN and print the name and title if any of the	ne creditor o	r other person authorized to file		USA CMC
this claim (attach copy of power of attor	ney if any)	Kelly J Bingk	coment	1072501183

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court	Dis	RICT C	F Neva	da	55005.050
Name of Debtor USA COMMERCIAL MORTAGE COMPAN'	Case !	lumber O	5-10	725-LBA	PROOF OF CLAIM
NOTI- This form should not be used to make a claim for an administrative expense material of the case. A request for payment of an administrative expense material of the case.	strative expe	nse arisi	ng after th	e commencement	
Name of Creditor (The person or other entity to whom the dibtor owes money or property) OTHMAR KLAY & CHRISTINE KLAY TRUSTERS OF THE KLAY LIVING TRUST DATED ////// Name and address where notices should be sent OTHMAR 4 CHRISTINE KLAY 5530 LAUSANNE DR.	else your givin Checo notic case	has filed claim A g particular k box if ses from	a proof of attach copy lars you have r the bankru	vare that anyone claim relating to y of statement never received any optoy court in this s differs from the	
Telephone number 7-75. 549, 8588 Last four digits of account or other number by which creditor	the o	ess on the court. k here	replace	sent to you by	THIS SHALL IS HOR COURT USE ONLY
identifies debtor	3	s claim	amend		led claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SEE EXHIBIT A		U W	ages salar		
2 Date debt was incurred 10 24 2005	_ 3.	If cou	rt judgme	ent, date obtaine	d
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$354236.95 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B). Wages, salaries, or commissions (up to \$10,000) * earned with days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier. 11 U.S.C. § 507(a)(4).	which is	Amou secure Up to \$ 507(a Taxes of Other	Check this to discrete the control of set of Section 1. The control of set of Control of set of Control of set of Control of set of Control of Section 1. The control of Secti	box if your claim cription of Collate istate Motor Collateral S M arage and other ch f any \$ 423 deposits toward p sonal family or h owed to governm uplicable paragrap	ral r Vehicle Other NKNOWN arges at time case filed included in 6.95 urchase, lease or rental of property household use - 11 U S C \$ 507(a)(8) th of 11 U S C \$ 507(a)() 1/1/107 and every 3 years thereafter for after the date of adjustment
5 Total Amount of Claum at Time Case Filed	•	35423 (unsecu	ed)	54 236 95 (secured)	364 236 95 (priority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges					ach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts count agreements, and evidence of perfection of lien DO NOT SET documents are not available, explain If the documents are volus 8 Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of file the claim (attach copy of power of attach	nents, such racts court ND ORIGII immous, at filing of you the credito	as promi judgmer NAL DC tach a su ir claim,	ssory note its mortga CUMEN mmary enclose a	es purchase ages, security TS If the stamped, self-	THIS SPACE IS HOR COURT US ONLY FILED JAN 12 20
Broke Kly	1	7	res	tee	USA CMC

Penalty for presenting fraudulent claum. Fine of up to \$600 000 or imprisonment for up to 5 years or both 18 USC \$ 1072502177

UNITED STATES PARKED POT POTONICAL	PROOF OF CLAIM		
	THOO! OF CLAIM	YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Number	Schedule/Claim ID 832177	
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification RECD	
		\$30 634 50 Unsecured OCT (3 2008	
NOTE See Reverse for List of Debtors and Case Numbers		1	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment.	of an aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as	
Name of Creditor and Address	statement giving particulars	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no	
NIENKE A LELS HOHMANN	Check box if you have	other claim against the Debtor you do not need to file	
REVOCABLE TRUST AGREEMENT DATED 3/8/00	never received any notices from the bankruptcy court or	this proof of claim EXCEPT as stated below	
C/O NIENKE A LELS HOHMANN TRUSTEE 1559 FRANCISCO ST	BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be	
SAN FRANCISCO CA 94123-2206	Check box if this address	Ried	
	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or SMC you do not need to file again	
Creditor Telephone Number (415) 212- 2010	court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor Chart hare T repla	Ces	
	Check here repla	a previously filed claim dated 19/14 [
1 BASIS FOR CLAIM	Retires benefits as defined in 11 U S	C § 1114(a) Unremitted principal	
Goods sold Personal injury/wrongful death	Wages salaries and compensation	(fill out below) Other claims against servicer	
Services performed Taxes	Last four digits of your SS #	(not for loan balances)	
Money loaned Other (describe briefly)	Unpaid compensation for services pe	rformed from toto	
a new pentius we was the first of	To an addition to the state of	(date) (date)	
2 DATE DEST WAS INCURRED 16/5; 7/2/65; 19/0/ 4 CLASSIFICATION OF CLAIM Check the appropriate bot or boxes that			
See reverse side for important explanations	•		
UNSECURED NONPRIORITY CLAIM \$ 31,444 82	SECURED CLAIM	100,000 our claim is secured by collateral (including	
Check this box it a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you	Our Market	La Hacienda Estate, LLC	
entitled to priority		collateral Mariton Square	
UNSECURED PRIORITY CLAIM	Real Estate		
Check this box if you have an unsecured claim all or part of which is émitted to priority	Value of Collateral		
Amount entitled to priority \$	Amount of arrearage a	and other charges at time case filed included in	
Specify the priority of the claim	secured claim if any	s interest on 3 loans	
Omestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or	
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cassation of the debtor's	· ·	or household use 11 U.S.C. § 507(a)(7) vernmental units 11 U.S.C. § 507(a)(8)	
thusiness whichever is earlier 11 U.S.C. § 507(a)(4)	Other Specify applicable pan	agraph of 11 USC § 507(a) ()	
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		stment on 4/1/07 and every 3 years thereafter load on or after the data of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ 3 4 74.82 \$	10000080 s	\$	
AT TIME CASE FILED (unsecured)	(secured)	(priority) (Total)	
Check this box if claim includes interest or other charges in addition to the			
6 CREDITS The amount of all payments on this claim has been cred			
7 SUPPORTING DOCUMENTS <u>Attach cooles of supporting documents</u> running accounts, contracts, court judgments mortgages security:	anents, such as promissory notes pur	chase orders involces itemized statements of	
DOCUMENTS if the documents are not available explain. If the			
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of your claim enclose a stamp	ed self addressed envelope and copy of this	
The original of this completed proof of claim form must be sen	t by mail or hand delivered (FAXES	NOT THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailing Pacific time, on Novem	ber 13, 2006 LISE ONLY	
for each person or entity (including individuals, partnerships, or governments) units)	corporations, joint ventures, trusts i		
BY MAIL TO BMC Group	BY HAND OR OVERNIGHT DELIVERY TO BMC Group		
Atth USACM Claims Docketing Center	Attn USACM Claims Docketing Centi	FEB 28 2007	
P 0 Box 911 El \$egundo CA 90245-0911	1330 East Franklin Avenue El Segundo CA 90245		
DATE SIGN and print the name and title if any of the	creditor or other person suthorized to file		
25/67 NIENNE HOHE SOLY OF DOWN OF ARTON	Sun Dampo-AADeh	hlun usacmo	

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	PROOF OF CLAIM
NOTE This form should not be used to make a claim for an admin of the cise. A request for payment of an administrative expense m		
Name of Creditor (The person or other entity to whom the debtor owes money or property). First Savings Bank Custodian for LINDSEY H KESLER JR IRA Name and address where notices should be sent Lindsey H Kesler Jr 4847 Damon Circle	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case	
Salt Lake City UT	Check box if the address differs from the address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 801-277-3752 Last four digits of account or other number by which creditor	the court Check here replaces	THE SIME IS TOR COOK! OS! ONLY
identifies debtor 7256	if this claim amends a previously filed	claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation for SS # Unpaid compensation for service fromto (date)	es performed
2 Date debt was incurred 10/18/2005	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes to See reverse side for important explanations Unsecured Nonpriority Claim \$ 258,784 59 Check this box if a) there is no collateral or lien securing you only part of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) (a)(1)(B) Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim The claim or none or Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Vere Value of Collateral Amount of arrearage and other charges secured claim if any \$ 3,784 59 Up to \$2 225* of deposits toward purel or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governments or s Amounts are subject to adjustment on 4/1/6 with respect to cases commenced on or	chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in ad- interest or additional charges	\$ 258,784 59 258,784 59 (production to the principal amount of the claim Attach	784,784 59 nority) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of hen DO NOT SEN documents are not available explain. If the documents are volus B Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of file this claim (attach copy of power of atto.) O1/09/07	ents such as promissory notes purchase acts court judgments, mortgages security DORIGINAL DOCUMENTS If the minous attach a summary ling of your claim enclose a stamped self-	JAN 11 2007
Penalty for presenting fraudulent claim Five of up to \$500 000 or	imprisonment for up to 5 years or both 18 U	USA CMC 1072502057

		PRO	OF OF CLAIM	ı	
TROOF OF CLAIM					
				<u> </u>	
lame of Debtor	Case Number			į	
USA COMMERCIAL	MORTGAGE COMPANY	06-10	725-LBR		
his form should not be used asing after the commencement	of Debtors and Case Numbers to make a claim for an administrative exp ant of the case A "request" for payment to filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
lame of Creditor and			to your claim. Attach copy of statement giving particulars.	Ì	
MACDONALE FOR THE AR 1730 W HOR	1132124100272	3	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the anvelope sent to you by the court.	SECURED INTE ONE OF THE DE If you have all Bankruptcy Coun	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BETORS THE TORS THE TORS TO BMC YOU do not need to file again SE IS FOR COURT USE ONLY
	other number by which creditor identifies of	debtor			SE IS FOR COOK! USE ONL!
			Check here Constitution of this chaim Constitution amen	a previousi	filed claim dated
BASIS FOR CLAIM		Retires b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		alaries, and compensation (I		Other claims against servicer
Services performed	☐ Taxes ☐		digits of your SS #		(not for loan balances)
Money loaned	Other (describe bnefly)		ompensation for services per	formed from	to
DATE DEBT WAS INCURE	RED Avia Cont. 2005	13 IF CC	OURT JUDGMENT, DATE O	DTAINEN	(date) (date)
CLASSIFICATION OF CLA	THE THE PERSON OF THE PERSON O				the time case flied
See reverse side for important	explanations				nia mile ones inon
NSECURED NONPRIORIT			SECURED CLAIM	u w alalm la anau	and his call and Carledian
	no collateral or ilen securing your claim, or b) perty securing it, or if c) none or only part of yo		a right of setoff)	uri. Cienui ie Rech	red by collateral (Including
entitled to priority			Brief description of	collateral	
ISECURED PRIORITY CL			Real Estate		Other
Check this box if you have a entitled to priority	n unsecured claim, all or part of which is		Value of Colleteral		
Amount entitled to priority	\$			vi ciher chames	at time case filed included in
Specify the priority of the claim secured claim, if any \$					at thire case med included in
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			rd purchase, lease	, or factal of property or
Wages salanes or commis-	sions (up to \$10,000)", earned within 180 days.	_	services for personal, family or	r household usa -1	1 U S C § 507(a)(7)
business whichever is earlied	ry petition or cessation of the debtor's r 11 U S C S 507(a)(4)		Taxes or panelties owed to gov		
1	e benefit plan - 11 U S C § 507(a)(5)	Ц	Other - Specify applicable para		
			* Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 (u ced on or after the	nd every 3 years thereafter
TOTAL AMOUNT OF CLAU AT TIME CASE FILED	M \$\$1	,525,0			\$1,525,000
	(unsecured) des interest or other charges in addition to the	•	scured) Imount of the claim. Attach iten	(priority) nized statement o	(Total) If all interest or additional chames
	all payments on this claim has been cred				- I
SUPPORTING DOCUM running accounts, contract	ENTS <u>Attach copies of supporting documents</u> , court judgments, mortgages, secunty a ments are not available, explain. If the de	<i>ments</i> , suc	th as promissory notes, purc	hase orders, inv	ologs itemized statements of
	To receive an acknowledgment of the				envelope and copy of this
The original of this comp	leted proof of claim form must be sent	by mail o	r hand delivered /FAXES No	or To	THIS SPACE FOR COURT
ACCEPTED) so that it is a	actually received on or before 5 00 pm,	prevailing	Pacific time, on Novembe	r 13. 2006	USE ONLY
covernmental unitel	(including individuals, partnerships, c	orporation	is, joint venturés, trusts an	d j	Ì
BY MAIL TO 3MC Group		BY HAND	OR OVERNIGHT DELIVERY TO		EILED YION O S SOOF
Altn USACM Claims Dock	eting Center .	Attn. USA	CM Claims Docketing Center		FILED NOV 0 7 200
P O Box 911 El Segundo, CA 90245 09		1330 East	Franklin Avenue	Ì	1
	IGN and print the name and title if any of the		o CA 90245		USA CMC
11/3/06	this claim (attacts copy of power of attom		0	4400	1072501081
11,3700	XIMMEY O NATOMEN OMON	nay in-	TECH UEFFREYL	HARTMAL	<i>y</i>

					
		PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	Case Number		
USA COMMERC	inc Mortgage Co	06-	-10125-LBR		
	t of Debtors and Case Numbers		_	1	
This form should not be used	d to make a claim for an administrative	expense	Check box if you are		
accommission in commences	nent of the case. A "request" for paym be filed pursuant to 11 U.S.C. § 503.	nent of an	aware that anyone else has filed a proof of claim relating to		
Name of Creditor and			your claim Attach copy of statement giving particulars		
Leo G. A	LANTAS H		Check box if you have		
7440 5 1	lantas Plackhawk St. 1	3708	never received any notices from the bankruptcy court or		IS PROOF OF CLAIM FOR A
	CO 80112-435.		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT STORS
,	00112	_	Check box if this address tiffers from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number	()760-417-3691		const		E IS FOR COURT USE ONLY
Last four digits of account or	r other number by which creditor ident	fies debtor	Check here repla	ices	
6887		August 1985	Check here if this claim ame	r a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C 6 1114/s)	Unremitted principal
Goods sold	Personal injury/wrongful death		salaries and compensation		Other daims against servicer
Services performed	Taxes		digits of your SS#	(an our perow)	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	erformed from	to
2 DATE DEST WAS INCUS	RRED	3 IF C	OURT JUDGMENT, DATE	DETAINED	(date) (date)
4 CLASSIFICATION OF CL	AIM Check the appropriate box or boxe	a that best descr	ibe your claim and state the amo	ount of the claim at t	he time case filed
See reverse side for importan	nt explanations		SECURED CLAIM		
	TYCLAM \$ 164,558			our claim is secui	red by collateral (including
Check this box if a) there exceeds the value of the p	is no collateral or lien securing your claim is roperty securing it, or if c) none or only part	or b) your dam	a right of setoff)		ou by conductor (a roughly
entitled to priority		O YOU CHEEN IS	Bnef description o	f collateral	
UNSECURED PRIORITY C			Real Estate		— —
Check this box if you have entitled to priority	an unsecured claim all or part of which is				
Amount entitled to priority	\$		Value of Colfatera	· LAALI	(NOWN)
Specify the priority of the o	dam		secured claim if any	\$ 10 fg	at time case filed included in
Domestic support obligation	ons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2 225° of deposits tow	and purchase lease	or rental of property or
Wages salanes or commit	iasions (up to \$10 000)* earned within 180 ptcy petition or cessation of the debtor's	days	services for personal family	or household use 1	1 U S C § 507(a)(7)
business whichever is ear	fler 11 U S C § 507(a)(4)	-	Taxes or pensities owed to go Other - Specify applicable par		
Contributions to an employ	yee benefit plan - 11 U.S.C. § 507(a)(5)	Lin.	* Amounts are subject to adju		
S TOTAL AMOUNT OF CL	AIM # 1/ // march Or	* 11.16	with respect to cases comme	noed on or after the	date of adjustment
AT TIME CASE FILED	197,336	\$ 144,5	<u> </u>		\$ 164,558
(P) Check this box if claim inc	(unsech ed) Judes interest or other charges in addition	,	secured) amount of the claim. Attach its	(priority) Imized statement o	(Total)
					-
7 SUPPORTING DOCU	of all payments on this claim has been	creamed and o	seducted for the purpose of n	naking this proof	of claim
	MENTS Attach copies of supporting cts court judgments mortgages secu				OICES ITEMIZED STATEMENTS OF THE SEND ORIGINAL.
DOCUMENTS ITTHE ODE	cuments are not available explain if	the documents	are volummous attach a su	mmary	
proof of claim	PY To receive an acknowledgment				envelope and copy of this
The original of this com	pleted proof of claim form must be	sent by mail	or hand delivered (FAXES)	OT	THIS SPACE FOR COURT
tor each person or entit	s actually received on or before 5 00 by (including individuals, partnershi	, pm, prevailli ps, corporatio	ng racimo ilme, on Novemb ns, joint ventures, trusta =:	er 13, 2006 nd	USE ONLY
governmental units) BY MAIL TO	-				
BMC Group Attn USACM Claims Doo	rketing Center		OR OVERNIGHT DELIVERY TO		
P O Box 911	unding udirei		ACM Claims Docketing Cente t Franklin Avenue	r FII	D JAN 1 3 2007
El Segundo CA 90245-0		El Segun	do CA 90245		TO OTHER TO SHOW
DATE	SIGN and print the name and title if any this claim (attach copy of power of	of the creditor o	r other person authorized to file		
1-17-07	Twee TAlton		NNELSON, A	Troin	USA CMC
Penalty for presenting fraudulent	t claim is a fine of up to \$500 000 or Impriso			152 AND 2574	1072502306
			-1	ENE MITH SQI IF	(0/E00E000

FORM B10 (Official Form 10) (10/05)

محمد ويبطأ ويستمين فينان بينان				
UNITED STATES BANKRUPICY COURT DISTRICT OF Nevada				PROOF OF CLAIM
Name of Dubtor USA Commerci	of Dubtor Commercial Mortgage Case Number 06-10725			
NOTE This form sho of the case. A reque	ould not be used to make a claim for an admini- st for payment of an administrative expense ma	strative exp ny be filed	ense arising after the commencement pursuant to 11 USC \$ 503	nt
Name of Creditor (The dubtor owns money of Morris Massry	ne person or other entity to whom the property)	else you givi	ck box if you are aware that anyone has filed a proof of claim relating to claim. Attach copy of statement ing particulars	o
	here notices should be sent i, Mazzotta & Siegel, PC		ck box if you have never received a ces from the bankruptcy court in the	
9 Washington Squa Albany, New York Telephone number	12205	addi the	ck box if the address differs from the ress on the envelope sent to you by court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of ac- identifies debtor	count or other number by which creditor		ck here replaces is claim amends a previously	filed claim dated
☑ Money lo	old performed		Retiree benefits as defined Wages salaries and compe Last four digits of your SS Unpaid compensation for a from	# ervices performed
2 Date debt was		3	If court judgment, date obtai	ned
See attached S				
See reverse side to Unsecured Nonpr Check this box b) your claim exceed only part of your claim exceed only part of your claim. Check this box entitled to priority Amount entitled to promity of the Domestic supportation (a)(1)(B) Wages salaries days before filing of business whichever the control of th	or commissions (up to \$10 000) * earned with the bankrupicy petition or cessation of the debt is earlier 11 USC \$507(a)(4)	which is	Secured Claim Check this box if your cla a right of setoff) Brief Description of Colla Real Estate Mo Value of Collateral \$	the secured by collateral (including lateral tor Vehicle Other————————————————————————————————————
	o an employee benefit plan - 11 USC \ 507(a	a)(5)	with respect to cases commenced \$1,802,040	on or after the date of adjustment \$1,802,040
	f claim includes interest or other charges in ad-	dition to th	(unsecured) (secured)	(priority) (Total)
6 Credits The making this proof 7 Supporting Doorders invoices a agreements and	amount of all payments on this claim has been for claim cuments Attach copies of supporting documents attended statements of running accounts contributed evidence of perfection of hier DO NOT SEN of available explain. If the documents are voluctopy. To receive an acknowledgment of the fipe and copy of this proof of claim. Sign and print the name and title if any of	nents such acts court VD ORIGI minous at iling of you	as promissory notes purchase judgments mortgages security NAL DOCUMENTS If the tach a summary ir claim, enclose a stamped self	THIS SPACE IS FOR COURT USE ONLY LED JAN 0 9 2007
1/02/07	Segul, Goldman, Mazzotta & Siegel, P	~	-se-	USA CMC 1072501898

100 A 30 TO 100 A			· · · · · · · · · · · · · · · · · · ·			
		PRO	OF OF CLAIM			
Name of Debtor	il Mortage 6 alty Advisors, LLC is, LLC	Case Nu BK-S BK-S	mber -06-10725 LBR -06-10726 LBR 06,-1073 9 LBR			
**************************************		18R-S	-06-16725TBR)		
This form should not be use ansing after the commence	it of Debtors and Case Numbers id to make a claim for an administrative e ment of the case A "request" for paymer by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating			i
Name of Creditor an			to your claim. Attach copy of statement giving particulars			1
	11321241000	813	Check box if you have			
1	EHLMAN IRA AWAY AVE		never received any notices			
	EVILLAGE CA 91362-5171		from the bankruptcy court or BMC Group in this case	SECURED INTER	IIS PROOF OF CLAIM REST IN A BORROWE	
			Check box if this address	ONE OF THE DE	BTORS ready filed a proof of cla	um with the
			differs from the address on the envelope sent to you by the		t or BMC you do not ne	
Creditor Telephone Numbe			court	THIS SPAC	CE IS FOR COURT U	JSE ONLY
	r other number by which creditor identifie	es debtor	Check here repla	a nrekunieh	y filed claim dated	
	nt ID:6854		if this claim amer		,	1
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted pri	napal
Goods sold Services performed	Personal injury/wrongful death Taxes	Wages, s	salaries and compensation (fill out below)	Other claims a	
Money loaned	Other (describe briefly)		digits of your SS#		(not for loan ba	ances)
123 Moriey Marieu	Constitution (describe biletty)	Unpaid o	ompensation for services pe	rformed from	to _	<u> </u>
2 DATE DEBT WAS INCU	RRED July 105, Aug. 105	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date)	(date)
	LAIM Check the appropriate box or boxes t				the time case filed	
See reverse side for importa	·		SECURED CLAIM			de la constant de la
Check this box if a) there	is no collateral or lien securing your claim or	b) vour claim	Check this box if yo	our claim is secu	red by collateral (incl	uding
exceeds the value of the entitled to priority	property securing it or if c) none or only part of	f your claim is	a nght of setoff)			•
UNSECURED PRIORITY C	LAIM		Brief description of			I
	an unsecured claim all or part of which is		Real Estate		Other	
entitled to priority Amount entitled to priority	•		Value of Collateral	\$?		
	***************************************		Amount of arrearage ar secured claim, if any	nd other charges \$ ໂດ4. ດ ດດ/ ຄ	at time case filed in	cluded in
Specify the priority of the Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) 🗆	Up to \$2 225* of deposits towe			
Wages salanes or comm	nissions (up to \$10 000)* earned within 180 de	ays	services for personal family of	r household use -1	11 U S C § 507(a)(7)	İ
	ptcy petition or cessation of the debtor's rier - 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go			
	yee benefit plan 11 U S C § 507(a)(5)	Ц	Other - Specify applicable para * Amounts are subject to adjus			h
			with respect to cases commen	sument on 4/1/07 at loed on or after the	date of adjustment	ner
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	A	-11 5) V	=		\$ 112,088	96
	(unsecured) cludes interest or other charges in addition to	•	ecured) amount of the claim Attach itel	(pnonty) mized statement o	(To of all interest or addition	
6 CREDITS The amount 7 SUPPORTING DOCU	of all payments on this claim has been of	redited and di	educted for the purpose of m	aking this proof	of claim	
i furning accounts, contra	MENTS <u>Attach copies of supporting do</u> lots count judgments, montgages, secunt ocuments are not available explain. If the	v agreements	: and evidence of perfection	often DONO	roices itemized state IT SEND ORIGINAL	ments of
8 DATE-STAMPED CO proof of claim	PY To receive an acknowledgment of	the filing of yo	our daim, enclose a stamped	d, self-addressed	i envelope and copy	of this
ACCEPTED) so that it i	npleted proof of claim form must be se s actually received on or before 5 00 p ty (including individuals, partnerships	om, prevailing	p Pacific time, on November	er 13, 2006	THIS SPACE FO USE ON	
BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO	2	LED OCT 1	6 2006
Attn USACM Claims Do	cketing Center	BMC Grou Attn USA	ip CM Claims Docketing Center		LCD OCI I	0 LUUU
P O Box 911 El Segundo CA 90245-0	911		Franklin Avenue o CA 90245		1	
DATE	SIGN and print the name and title if any of	the creditor or			USA CM	C
10-14-06	this claim (attach copy of power of att	tomey if any)			107250059R	
1.0 .1 00	Moire O grap			ì]	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		·
`				
Name of Debtor	Case Nu	mber	1	
USA Commercial Mortgage Co	06	5-10725 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative explansing after the commencement of the case. A "request for payment of the case."	ense	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	νι ακ <u>ι</u>	filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Evelyn A. Ives Trustee of the Melvin J. Ives & Evelyn A. Ives Bypas Trust dated 1/6/93 220 First Street #3 Seal Beach, CA. 90740 Credtor Telephone Number() 562-598-8325		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address on the envelope sent to you by the court	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BROOKS BROOK THAT IS NOT BROOK THAT BROOK THAT IS NOT BROOK THAT
Last four digits or account or other number by which creditor identifies of	lebtor	Check here replace		
Client#4931 - Acct#4209		If this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C § 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages s	salanes and compensation ((fill out below)	Other claims against servicer
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS#		(not for loan balances)
	Unpaid c	compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 2/19/04	3 IF C	OURT JUDGMENT DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amoi	unt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ 2,754_00 Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		П.,
Check this box if you have an unsecured claim all or part of which is entitled to pnority		Value of Collateral	4.459 .00	Other
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	\$ UNKNOWN	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10,000) earned within 180 days		Up to \$2 225 of deposits towa services for personal family of	ard purchase lease	e or rental of property or
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 a loed on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 2,754.00 \$	447,24	6.00 \$ n	√a	\$ 450,000.00
(unsecured)		ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents in the decuments country and process of supporting documents are not available explain if the de 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>ments,</i> sur greements ocuments	ch as promissory notes purc and evidence of perfection are voluminous attach a sun	chase orders inv of lien DO NO nmary	oices itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sent	by mail o	r hand delivered (FAXES N	от	THIS SPACE FOR COURT
for each person or entity (including individuals partnerships or governmental units)	prevailing orporation	g Pacific time on Novembe is joint ventures trusts an	er 13 2006 ad	USE ONLY RFCD
i mino choop	BY HAND C BMC Grou	OR OVERNIGHT DELIVERY TO		11L 10 0007
P O Box 911	Attn USA	OM Claims Docketing Center Franklin Avenue	r	JAN 12 2007
El Segundo CA 90245 0911	El Segund	o CA 90245		
this claim (attach copy of power of attorni	creditor or ey if any)	other person authorized to file		FILED JAN 1 2 200
1/11/07 Grelyn B Jues	_	Velva A Twee	Marata a	LILLU DWIN T & FOO

Penalty for presenting traudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571



	PRO	OOF OF CLAIM		HIII HIII HIII HIII HIII HIII AS
Name of Debtor	Case Number		Schedule/Claim	ID 931081
USA Commercial Mortgage Company	06-107	725-LBR	\$108 961 19 Uni	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address D. G. MENCHETTI PO BOX 7100 INCLINE VILLAGE. NV 89452 7100	of an	Check box if you are aware that anyone else has tiled a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	scheduled by the you agree with the other claim again; this proof of claim if the amounts at Unliquidated or i filed	ected above constitute your claim as Debtor or pursuant to a filed claim. If a amounts set forth herein and have no at the Debtor you do not need to file EXCEPT as stated below hown above are listed as Contingent, Disputed, a proof of claim must be ready filed a proof of claim with the tor BMC you do not need to file again.
Creditor Telephone Number ()		court	THIS SPA	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		aces or a previous ands	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U	S C § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes ☐		salaries, and compensation digits of your SS #	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) SET ATTACHES	Unpaid c	ompensation for services p	erformed from	to
2 DATE DEBT WAS INCURRED		DURT JUDGMENT, DATE		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	e your claim and state the amo	unt of the claim at th	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 900,000.00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your	our claim r claim is	Check this box if a right of setoff)	your claim is secu	ured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of	of collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collatera		e Dother
Amount entitled to pnority \$				s at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	-			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2 225" of deposits tow services for personal family	or household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	Н	Taxes or penalties owed to g Other Specify applicable pa	ragraph of 11 USC	§ 507(a) ()
300,(3),(0)		Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 700,000 00 \$ AT TIME CASE FILED	_,	000-00 \$	4	\$ 900,000.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ((priority) temized statement i	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting decu- running accounts contracts, count judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<i>ments,</i> su agreement locuments	ch as promissory notes pu s and evidence of perfection are voluminous, attach a s	irchase orders in on of lien DO Ni summary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailin	g Pacific time, on Novem	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
overnmental unita)				
BMC Group	BY HAND O	DR OVERNIGHT DELIVERY TO IP		L
P O Box 911	1330 East	CM Claims Docketing Cent Franklin Avenue	ter FIL	ED JAN 1 3 2007
DATE SIGN and print the name and title if any of the		o CA 90245		
this claim (attach copy of power of attorne	y it any)	A Secret A	4 /	USA CMC